

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F05000001926

1. Corporation Name

Environmental Planning Specialists, Inc.

2. Principal Office Address - No P.O. Box #

900 Ashwood Parkway

Suite, Apt. #, etc.

Suite 350

City & State

Atlanta, GA

Zip

30333

Country

USA

3. Mailing Office Address

900 Ashwood Parkway

Suite, Apt. #, etc.

Suite 350

City & State

Atlanta, GA

Zip

30338

Country

USA

7. Name and Address of Current Registered Agent

Name

InCorp Services, Inc.

Street Address (P.O. Box Number is Not Acceptable)

17888 67th Court North

Suite, Apt. #, Etc.

City

Loxahatchee

State

FL

Zip Code

33470

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Janice Null on behalf of Incorp Services, Inc.

REGISTERED AGENT MUST SIGN

Date 12/10/09

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
President	Ted Peyser	900 Ashwood Parkway, #350	Atlanta, GA 30338
Vice President	Kirk Drucker	900 Ashwood Parkway, #350	Atlanta, GA 30338
Vice President	Kirk Kessler	900 Ashwood Parkway, #350	Atlanta, GA 30338
Vice President	Thomas Sweat	900 Ashwood Parkway, #350	Atlanta, GA 30338

12/21

10. E-mail Address: kdrucker@envplanning.com

(To be used for future annual report notification)

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid. I further certify the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: *Kirk Drucker*

Kirk Drucker

12/9/2008

404-315-9113

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

09 DEC 18 AM 9:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

500163787265
12/18/09--01037--015 ***1050.00

CR2E081 (11/09)

02-09

4. Date Incorporated or Qualified
To Do Business in Florida

3/28/2005

5. FEI Number

20-5125050

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

State Additional Fee required
for Certificate of Status

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.